

PLAINTIFF/PETITIONER/MOVANT'S NAME James Lynn O' HinesPRISON NUMBER 197067PLACE OF CONFINEMENT ASPC Florence State Prison ArizonaADDRESS Box 3400 1-0-40 + Small Eymm Complex Florence Az.
85232**FILED**

JAN 28 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY RM DEPUTY**United States District Court**
Southern District Of CaliforniaJames Lynn O' Hines

Plaintiff/Petitioner/Movant

v.

San Diego Corrections Agents, et al

Defendant/Respondent

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Civil No. 07 - 2241, BTM (NLS)**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

☐ Yes ☒ NoDo you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

Robert + Dougherty Uncle aka Henry Boney "Boney's Mkt's"
4000 Blk of Park Blvd San Diego Ca 92103 198 to
24.8 of stock is total national gross profit

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Disability or workers compensation | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

Unestimatable percents in private enterprises.
Accounts, SSI/SSD, and contracts of verbal consent.

4. Do you have any checking account(s)? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): Bank of America

b. Present balance in account(s): 100,000.00 to 1,000,000.00

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☒ Yes ☐ No

If "Yes" describe the property and state its value. undetermined. unsettled.

Moultrie County Il. Sixth Judicial Circuit. Keith Urban ©

Kato Kalli ©. Songs and crime victim compensations.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Juvenile female child Ms. Kimberly Lee Lee

Senior Citizen Father J. Daniel Hines Niece: Ms. Jasmine

Donaherty. HIV + brother C. Daniel Hines Niece Ms. J. Colbert

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

Federal and State Governmental offices for court costs.
I.R.S.

Social Security.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): Moultrie County Illinois Sixth Judicial Circuit.

(5) five acres of corn either ethanol or co-op grain
corn or sweet corn. Bot A deposits. 1974 to 3/26/06. #

A.E. Stanley credit union \$5000.00. "Song lyrics" various Artists ©

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

"Indigent welfare status" approx: 10.00 to 15.00 a month
no funds. as I'm welfare. #

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-11-07

DATE

James Lynn D'Amico
SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant James Lynn O' Hines
 (NAME OF INMATE)

197067

(INMATE'S CDC NUMBER)

has the sum of \$ 0.00 on account to his/her credit at ASPC Florence

Small Eymann Complex
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0.00

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 0.00

and the *average monthly deposits* to the applicant's account was \$ 0.00

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

12/11/07
 DATE

Ford X
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D Ford X
 OFFICER'S FULL NAME (PRINTED)

COPI X
 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, James Lynn O'Hines 197067, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☒ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

12-11-07

DATE

James Lynn O'Hines
 SIGNATURE OF PRISONER

BK03 0 197067 20070501 A14 *Front & Back copies please* 12/14/07 12:34:53
 DOCPCICS-C DISP Arizona Department Of Corrections *8#* PAGE 3
 ADC#: 197067 - Inmate Bank Account *F/B* From: 20071201
 For : HINES, JAMES L. Loc: A21 ASPC-E SMU II To:

Post Dte	Batch#	Item	D/W	Date	Type	Amount	Refrnc	Remitter
20071120	A21376	0032	20071120	POST	LGL-H	.58	A21	LEGAL POSTAGE
20071120	A21376	0034	20071120	POST	LGL-H	.92	A21	LEGAL POSTAGE
20071120	A21376	0037	20071120	POST	LGL-H	.41	A21	LEGAL POSTAGE
20071121	A21381	0001	20071121	POST	N/L-H	3.00	A21	POSTAGE
20071121	A21381	0003	20071121	POST	N/L-H	.41	A21	POSTAGE
20071121	A21381	0014	20071121	POST	N/L-H	.58	A21	POSTAGE
20071210	A21404	0001	20071210	POST	LGL-H	1.48	A21	POSTAGE
20071210	A21404	0002	20071210	POST	LGL-H	1.48	A21	POSTAGE
20071210	A21404	0003	20071210	POST	LGL-H	2.67	A21	POSTAGE
20071210	A21404	0004	20071210	POST	LGL-H	7.50	A21	POSTAGE
20071210	A21404	0005	20071210	POST	LGL-H	2.33	A21	POSTAGE
20071210	A21403	0010	20071210	POST	LGL-H	1.81	A21	LEGAL POSTAGE
20071210	A21404	0011	20071210	POST	LGL-H	1.47	A21	POSTAGE
20071210	A21404	0012	20071210	POST	LGL-H	1.64	A21	POSTAGE
20071210	A21401	0010	20071210	LGL	SUPL-H	2.88	A21	LEGAL SUPPLIES

Bgn Bal: 0.00 Current Bal: 0.00 Spendable Bal: 0.00
 MORE...

Bgn Bal: 0.00 Current Bal: 0.00 Spendable Bal: 0.00
 END OF DATA

BK03 0 197067 20070501 A14
 DOCPCICS-C DISP Arizona Department Of Corrections
 ADC#: 197067 - Inmate Bank Account
 For : HINES, JAMES L. Loc: A21 ASPC-E SMU II
 12/14/07 12:35:38
 PAGE 3
 From: 20071201
 Amount Refrnc Remitter
 20071210 A21401 0010 20071210 LGL SUPL-H 2.88 A21 LEGAL SUPPLIES
 20071212 A21408 0002 20071212 POST LGL-H .75 A21 LEGAL POSTAGE
 20071212 A21408 0003 20071212 POST LGL-H .41 A21 LEGAL POSTAGE